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| REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 10/767,504 |
| | Filing Date | 1-28-04 |
| | First Named Inventor | Lawson |
| | Art Unit | 3714 |
| | Examiner Name | Harper |
| | Attorney Docket Number | 3877P3255 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 23504

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 23504

OR

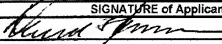
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|--|-----------|--------------|
| Signature |  | | |
| Name | DAVID S. FURMAN | | |
| Date | 10/26/2007 | Telephone | 740-641-7445 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives, as are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted

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